

CLAIMS ONLY	SERIAL NO. _____ FILING DATE _____	APPLICANT(S) _____
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CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2												
TOTAL DEP.	16												
TOTAL CLAIMS	18												
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TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS